

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

THE CASE OF

FOR

LOCATION NUMBER

VS.

AT

PERSON REPRESENTED (Show your full name)

Fabian Ruiz

- ☐ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

03m-1150-164

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony ☐ Misdemeanor

ETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed
		Name and address of employer: <i>LWK Trailer Repair 3214 E President St Tucson AZ</i>
		IF YES, how much do you earn per month? \$ <i>1200 - 2000</i> IF NO, give month and year of last employment <i>4-2</i> How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
ETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED <i>NA</i> SOURCES
ETS	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE <i>NA</i> DESCRIPTION

OBLIGATIONS DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <i>4</i>	List persons you actually support and your relationship to them <i>Veronica Guillen</i> <i>Fabian S Ruiz</i> <i>Sadie Fernandez</i> <i>Denay Fernandez</i>
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <i>DEED 1 NOTE Traders</i>	Creditors	Total Debt \$ <i>96900</i>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)*Fabian Ruiz*